MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10934

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural give location) Maryland

3. NAME OF DECEASED: (Type or Print) (First) Tilghman (Middle) J. (Last) Bowen
4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 14, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Mr. Amos Bowen
14. MOTHER'S MAIDEN NAME: Miss Clara Ward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 216-24-6562
17. INFORMANT & ADDRESS: Mrs. Frances St Bowen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute coronary thrombosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(260x) (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1950, to 11/16, 1953, that I last saw the deceased alive on 11/16, 1953, and that death occurred at 4:45pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) R. Williams M.D. ADDRESS St Leonard DATE SIGNED 11/16

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 18/53
NAME OF CEMETERY OR CREMATORY Huntingtown Cemetery
LOCATION (City, town, or county) Huntingtown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1953
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
NOV 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10935

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pr Frederick
LENGTH OF STAY (in this place) 16 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Matilda (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed,

8. DATE OF BIRTH: MAY 3, 1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pr Frederick MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isreal Morsell

14. MOTHER'S MAIDEN NAME: Susanna Green

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Annie Smith - Pr Frederick, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senile Sclerosis DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P E Stewart S.D. Dermont 11/3

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-4-53

NAME OF CEMETERY OR CREMATORY Mt Olivet

LOCATION (City, town, or county) (State) Pr Fred Md

DATE REC'D BY LOCAL REGISTRAR 11-3-53

REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR P E Stewart ADDRESS Pr Fred Md

VS. A15

RECEIVED
NOV 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10936

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 13 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital Prince Frederick, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lee (Last) Brown

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 25, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 13 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Brown
14. MOTHER'S MAIDEN NAME: Genevive Carroll

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Genevive Carroll - Chespeake Beach, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1953, to Nov 26, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. D. Wallace M.D. ADDRESS St Leonard DATE SIGNED 11/26/

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-26-53
NAME OF CEMETERY OR CREMATORY St. Edmonds
LOCATION (City, town, or county) Cal. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-26-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Elijah Jones - ADDRESS Chesapeake Beach, Md

10X3192200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10937

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Republic
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Coates

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 3, 1926

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Shelton Scales

14. MOTHER'S MAIDEN NAME: Harriett McCormic

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

2.16X

Immediate cause (a) Pulmonary embolism

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) - Post-operative -

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/19/53

19b. MAJOR FINDINGS OF OPERATION: Twisted right ovarian cyst.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from " , 19 53 , to 11/22 , 19 53 , that I last saw the deceased alive on 11/22 , 19 53 , and that death occurred at 10 05 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D ADDRESS 5T LEONARD DATE SIGNED 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11-25-53 | NAME OF CEMETERY OR CREMATORY Browns | LOCATION (City, town, or county) Port Republic, (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-24-53 | REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, Md.

VS. A15

RECEIVED
NOV 25 1953
BUREAU V. S.

Film #G160 Item # 7 12/22/53 dmp

10938

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert; STATE Maryland; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ?

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) DICKSON

4. DATE OF DEATH: (Month) 11 - (Day) 2 - (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: ?

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. Wade Wickerson

14. MOTHER'S MAIDEN NAME: Mattie Dollman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: J. Wade Wickerson Anderson S.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490? Immediate cause (a) Lobar Pneumonia due to Friedlander's bacillus and Pneumococcus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R B Fisher Chief Medical Examiner, 700 Fleet St., Balto. 2, Md. 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-6-53 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or county) (State): Anderson S C

DATE REC'D BY LOCAL REG. 11-6-53 | REGISTRAR'S SIGNATURE: N. W. Ward | 24. FUNERAL DIRECTOR: Howard H Hunter | ADDRESS: Bath N C

RECEIVED
NOV 19 1953
BUREAU V. S.

Film#G159 Item# 14 11/10/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10039

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broom Island — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broom Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Victoria	Elliott	11	1	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	W	Jan 18, 69	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Sutton	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	no	Mrs Alvin Hansman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute dilatation	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhage	
	(c) Hardening of arteries	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Incidentally

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD, Owings Md 10/12/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 4, 1953	Broomes Island Cemetery	Broomes Island, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-3-53	R W Ward	A. A. Hashmen & Son - Mutual, Md.

VS. A15

RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) J (Last) Harvey

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 31,

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farm Laborer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Harvey.

14. MOTHER'S MAIDEN NAME: Margaret Grantham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lizzie Jones. Huntingtown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arteio sclerotic C.V. disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Gangrene of Rt. Leg amputated DUE TO

(c)

Interval Between Onset And Death: Sept 2, 53

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION Gangrene (Arteio Sclerotic) Rt Leg

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1953 to 11/29, 1953 that I last saw the deceased alive on 11/1, 1953 and that death occurred at 11:30 PM from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title)

ADDRESS Sunderland Md

DATE SIGNED 12/1/53

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF 12-2-53

NAME OF CEMETERY OR CREMATORY Mt Hope

LOCATION (City, town, or county) Sunderland. (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-1-53

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. L. Sewell

ADDRESS Prince Frederick, Md

VS. 47

RECEIVED
DEC 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bristol Md.
STREET ADDRESS (If rural give location) Prince Frederick Md

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Jenkins
4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 20
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Peter Mitchell
14. MOTHER'S MAIDEN NAME: Nancy Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Felicia Wilson, 217 C. St, N.E. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Cancer of Stomach DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1953, to Nov 15, 1953, that I last saw the deceased alive on Nov 14, 1953 and that death occurred at 1 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Fryc Ost ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 11-18-53
NAME OF CEMETERY OR CREMATORY Moses
LOCATION (City, town, or county) (State) AA. County Md.

DATE REC'D BY LOCAL REGISTRAR 11-17-53
REGISTRAR'S SIGNATURE N.W. Ward
24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV - 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
MARYLAND LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 2, 1876

9. AGE Last Birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER/Oyster,

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Calvert Co. Md. America

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Elijah Johnson

14. MOTHER'S MAIDEN NAME: Minnie Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Anna B. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occulsion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 11/15, 1953, that I last saw the deceased alive on 11/15, 1953 and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE J. Weems (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-19-53 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Lusby (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-19-53 REGISTRAR'S SIGNATURE H.W. Ward

24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Prince Frederick, Md.

M. F. Weems

RECEIVED
1953
BUREAU V. .

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Plum Point — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Plum Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) May (Last) Jones
4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1953
5. SEX: F
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Apr 25
9. AGE last birthday: 6 mo yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wallace Jones
14. MOTHER'S MAIDEN NAME: Charlotte Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Charlotte Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined

795.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Had been short of health — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to ....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: H Howard (Degree or title) ADDRESS: Drury Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 11, 1953 — NAME OF CEMETERY OR CREMATORY: Plum Point Church Cemetery — LOCATION (City, town, or county): Plum Point Cal. Co. (State): Md.

DATE REC'D BY LOCAL REG.: 11-9-53 — REGISTRAR'S SIGNATURE: H Howard — 24. FUNERAL DIRECTOR: Leroy E. Berry Huntingtown Md — ADDRESS

2043181405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10944

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) May (Last) La Dalle

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 9/27/81

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Elbert Hudson

14. MOTHER'S MAIDEN NAME: Lucy Jane Blyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph La Dalle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Had had a cystitis — 6 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE Howard L. Mc Gregor (Degree or title) ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/4/53 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county): Mt Rainier (State): Md

DATE REC'D BY LOCAL REG.: Nov. 1, 1953 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: M. J. Zirkle — ADDRESS: 510 C St. N.E. Washington, D.C.

RECEIVED
NOV 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10945

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Senoir V-303
STREET ADDRESS (If rural give location) ? ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Floyd Simmons
4. DATE OF DEATH: (Month) (Day) (Year) Nov 23 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Nov. 29, 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 11 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): North Carolina 30
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Simmons
14. MOTHER'S MAIDEN NAME: Julia Simmons ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 240-28-5396
17. INFORMANT & ADDRESS: Family Register

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension o.v.d

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1953, to 11/22, 1953, that I last saw the deceased alive on 11/23, 1953, and that death occurred at 1 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams
ADDRESS S. Lemons
DATE SIGNED 11/23

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 25, 1953
NAME OF CEMETERY OR CREMATORY Water's Memorial Cem
LOCATION (City, town, or county) (State) Island Creek Calvert Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-25-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son
ADDRESS Mutual, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 30 1953
BUREAU V. S.